UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC#:
DATE FILED: 4/5/2021

United States of America,

-V-

20-mj-8698 (AJN)

ORDER

Sheng-Wen Cheng,

Defendant.

ALISON J. NATHAN, District Judge:

An arraignment and change-of-plea hearing in this matter is set for April 20, 2021, at 3:00 p.m. The Court will request a videoconference proceeding for that time and inform the parties once the time of the proceeding is confirmed. The parties should inform the Court if they have any issues with that date or time. If the Defendant wishes to waive his right to physical presence at the proceeding, defense counsel should return the attached waiver of physical presence. Defense counsel may sign for the Defendant if authorized by the Defendant to do so.

SO ORDERED.

Dated: April 5, 2021

New York, New York

ALISON J. NATHAN United States District Judge

| SOUTH | STATES DISTRICT COURT ERN DISTRICT OF NEW YORK | | | | | |
|---------|---|--|--|--|--|--|
| | STATES OF AMERICA | | | | | |
| | -V- | _ | | | RIGHT TO BE PRESENT A ROCEEDING | <u>\T</u> |
| | , Defendant. X | | (|)-cr-(|) (NLA) | |
| Check I | Proceeding that Applies | | | | | |
| | Arraignment | | | | | |
| | I have been given a copy of the indictment my attorney. I understand that I have a rigin District of New York to confirm that I have a read aloud to me if I wish; to enter a plea of attorney beside me as I do. By signing this with my attorney I willingly give up my right signing this document, I also wish to advise my attorney next to me for my arraignment attorney to be able to participate in the proproceeding. I also want the ability to speak I wish to do so. | ht to appear before a jud received and reviewed the feither guilty or not guilt document, I wish to advict to appear in person before the court that I willingly to long as the following oceeding and to be able to | lge included ty be se the fore the give to specify to s | a court dictmen fore the e court the judg up any ditions a | troom in the Southern it; to have the indictmer it; to have the indictmer is judge; and to have an that after consultation is for my arraignment. I right I might have to have met. I want my my behalf during the | nt By ve |
| Date: | Signature of Defendant | | | | | |
| | Print Name | • | | | | |
| | Conference | | | | | |
| | I have been charged in an indictment with present at all conferences concerning this New York, unless the conference involves the judge may, among other things, 1) set to be held, and 2) determine whether, under excluded in setting the time by which the t and wish to give up my right to be present the court that I willingly give up my right time in which access to the courthouse is request that my attorney be permitted to ribe present. | indictment that are held only a question of law. I a schedule for the case in the Speedy Trial Act, cert rial must occur. I have di at the conferences. By sto be present at the conas been restricted on a | I by a und helud tain piscus signinfere | e judge erstand ling the periods of sed the ng this of nces in unt of the | in the Southern District that at these conferendate at which the trial of time should be propese issues with my attorndocument, I wish to advange case for the period the COVID-19 pandemic | ces will erly ney vise l of |
| Date: | Signature of Defendant | | | | | |
| | Print Name | | | | | |

| | Change of Plea | |
|-------------------------------|--|--|
| | about those charges. I have decided that I have a right to appear before a judge in a cof guilty and to have my attorney beside moreated by the COVID-19 pandemic has into courthouse. I have discussed these issues we court that I willingly give up my right to apply signing this document, I also wish to advise my attorney next to me as I enter my pleato be able to participate in the proceeding | violations of federal law. I have consulted with my attorney wish to enter a plea of guilty to certain charges. I understand I courtroom in the Southern District of New York to enter my plea le as I do. I am also aware that the public health emergency erfered with travel and restricted access to the federal with my attorney. By signing this document, I wish to advise the pear in person before the judge to enter a plea of guilty. By the court that I willingly give up any right I might have to have so long as the following conditions are met. I want my attorney and to be able to speak on my behalf during the proceeding. In my attorney at any time during the proceeding if I wish to do |
| Date: | | _ |
| | Signature of Defendant | |
| | Print Name | - |
| my clie waiver client's | ent's rights to attend and participate in th form. I affirm that my client knowingly a | discuss with my client the charges contained in the indictment, e criminal proceedings encompassed by this waiver, and this and voluntarily consents to the proceedings being held in my inspires at the proceedings and provide my client with a copy of |
| | | |
| | Print Name | - |
| Adden | dum for a defendant who requires services | of an interpreter: |
| | - | e issues with the defendant. The interpreter also translated this he defendant signed it. The interpreter's name is: |
| Date: | Signature of Defense Counsel | |
| Accept | | |
| | Signature of Judge Date: | |